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Fill	in this information to identify your ca	ase:								
Del	otor 1 Sharon E Ha	lfpenny			_					
	otor 2 ouse, if filing)									
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_					
Cas	se number 16-34776					Chec	k if this is:			
(If kr	nown)		-				ın amende	J		
_						_			wing postpetition e following date:	chapter
0	fficial Form 106l					Ī	/IM / DD/ Y	YYY		
S	chedule I: Your Inc	ome								12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. (t1: Describe Employment	r spouse is not filing wi	ith you, do not includ	de inforr	nati	on abou	t your spo	ouse. If	more space is	needed,
1.	Fill in your employment nformation.		Debtor 1				Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed				☐ Employed			
		Employment status	■ Not employed				■ Not employed			
		Occupation	Retired				Retired			
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed to	here?							
Par	t 2: Give Details About Mor	thly Income								
Esti spou	mate monthly income as of the dause unless you are separated. u or your non-filing spouse have more aspace, attach a separate sheet to	ate you file this form. If	, G					·	·	J
						For Del	btor 1		Debtor 2 or filing spouse	
2.	List monthly gross wages, saladeductions). If not paid monthly, of			2.	\$		0.00	\$	0.00	
3.	Estimate and list monthly overti	ime pay.		3.	+\$		0.00	+\$	0.00	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$		0.00	\$	0.00	

Official Form 106I Schedule I: Your Income page 1

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Debtor 1		Sharon E Halfpenny		Case number (if known)		16-34776			
				For D	ebtor 1	For Debtor 2 or non-filing spouse			
	Сор	y line 4 here	4.	\$	0.00	\$	0.00	-	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	0.00	_	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	_	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	_	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00		
	5e.	Insurance	5e.	\$	0.00	\$	0.00	_	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	_	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	_	
	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$	0.00	_	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	0.00	_	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	0.00	_	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	2,000.00		
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	_	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	-	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	_	
	8e.	Social Security	8e.	\$	800.00	\$	1,640.00		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	-	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	400.00	=	
	8h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$	0.00	-	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	800.00	\$	4,040.0	D	
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$		800.00 + \$	4,040	.00 = \$	4,840.00	
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L			-,		1,0 10100	
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines				, if it	12. \$	4,840.00	
							Combi monthl	nea y income	
13.	Do y ■	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?						